

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002424

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 187Primary Registration District No. 3040Registrar's No. 33

FILED FEB 13 1963

1. PLACE OF DEATH

a. COUNTY Livingstonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ChillicotheLength of stay in 1b
5 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Chillicothe HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Caldwellc. CITY
OR
TOWN Braymer, MoInside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
E V AMiddle
G R E E N

Last

4. DATE OF DEATH

Month Day Year
Jan. 27, 1963

5. SEX

female

6. COLOR OR RACE

white7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-31-71

9. AGE (last birthday)

91 yrs

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife10b. KIND OF BUSINESS OR INDUSTRY
- - - - -11. BIRTHPLACE (City and state or country)
Braymer, Mo RFD12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Samuel Thompson

13b. MOTHER'S MAIDEN NAME

Nancy Sims

14. NAME OF HUSBAND OR WIFE

deceased15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address
Herbert Green, Canton, Ill.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia, Terminal

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cardiac Decompensation5 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fractured L. Hip Jan. 23-63

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 2311:53amto Jan 27and last saw her alive on Jan 27-63

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

MD

22b. ADDRESS

Chillicothe, Mo

22c. DATE SIGNED

1-30-6323a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE

1-30-63

23c. NAME OF CEMETERY OR CREMATORY

Evergreen Cem.

23d. LOCATION (City, town, or county)

Braymer, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

MeadPitteBraymer, Mo

25. DATE RECD. BY LOCAL REG.

Jan 30, 1963

26. REGISTRAR'S SIGNATURE

Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/591059520130234567894344F101112 1-013 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bernard L. Head

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.